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 1c759 U.S. PTO

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PTO/SB/05 (2/98) (modified)  
 Approved for use through 9/30/2000, OMB 0651-0032  
 Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

02/14/00  
 1c525 U.S. PTO  
 09/50/975

|  |                                |               |
|--|--------------------------------|---------------|
| <b>NEW UTILITY<br/>         PATENT APPLICATION<br/>         TRANSMITTAL</b><br><i>(only for new nonprovisional applications under<br/>         37 CFR 1.53(b))</i> | Attorney Docket Number         | 4464          |
|  | First Named Inventor           | Pawan Goyal   |
|  | Total Pages in this Submission | 88            |
|  | Express Mail Label No.         | EM083021125US |

| APPLICATION ELEMENTS   | ACCOMPANYING APPLICATION PARTS  |
|--|---|
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate)<br><input checked="" type="checkbox"/> Check Enclosed<br>2. <input checked="" type="checkbox"/> Specification<br><i>(preferred arrangement set forth below)</i><br><input type="checkbox"/> Descriptive Title of the Invention<br><input type="checkbox"/> Cross Reference(s) to Related Case(s)<br><input type="checkbox"/> Statement Regarding Fed sponsored R & D<br><input type="checkbox"/> Background of the Invention<br><input type="checkbox"/> Brief Summary of the Invention<br><input type="checkbox"/> Brief Description of the Drawing(s)<br><input type="checkbox"/> Detailed Description<br><input type="checkbox"/> Claim or Claims<br><input type="checkbox"/> Abstract of the Disclosure<br>3. <input checked="" type="checkbox"/> Drawing(s) ( when necessary per 35 USC 113)<br>4. Oath or Declaration<br>a. <input checked="" type="checkbox"/> New Declaration<br><input checked="" type="checkbox"/> Executed<br>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br><i>(for continuation/divisional with Box 17 completed)</i><br>i. <input type="checkbox"/> DELETION OF INVENTOR(S)<br>Signed statement attached deleting inventor(s)<br>named in the prior application, see 37 CFR<br>1.63(d)(2) and 1.33(b).<br>5. <input type="checkbox"/> Incorporation by Reference (useable if Box 4b is checked). The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein. | 6. <input type="checkbox"/> Assignment & Assignment Recordation Cover Sheet<br>7. <input type="checkbox"/> Certified Copy of Priority Document(s)<br><i>(if foreign priority is claimed)</i><br>8. <input type="checkbox"/> Information Disclosure Statement & PTO-1449<br><input type="checkbox"/> Copies of IDS Citation(s)<br>9. <input type="checkbox"/> Preliminary Amendment<br>10. Small Entity Statement<br><input checked="" type="checkbox"/> New Statement enclosed<br><input type="checkbox"/> Statement filed in prior application. Status still proper and desired<br>11. <input checked="" type="checkbox"/> Return Postcard<br>12. <input type="checkbox"/><br>13. <input type="checkbox"/><br>14. <input type="checkbox"/><br>15. <input type="checkbox"/><br>16. <input type="checkbox"/> |
| <b>ADDRESS TO:</b><br><b>Assistant Commissioner for Patents</b><br><b>Box Patent Application</b><br><b>Washington, D.C. 20231</b>  |   |

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: \_\_\_\_/\_\_\_\_

Prior application information: Examiner: \_\_\_\_\_ Group/Art Unit: \_\_\_\_\_

| 18. CORRESPONDENCE ADDRESS |                                       |           |                |                                   |                |
|----------------------------|---------------------------------------|-----------|----------------|-----------------------------------|----------------|
| NAME                       | Albert C. Smith<br>Fenwick & West LLP |           |                |                                   |                |
| ADDRESS                    | Two Palo Alto Square                  |           |                |                                   |                |
| CITY                       | Palo Alto                             | STATE     | CA             | ZIP CODE                          | 94306          |
| COUNTRY                    | U.S.A.                                | TELEPHONE | (650) 858-7296 | FAX                               | (650) 494-1417 |
| Name (Print/Type)          | Albert C. Smith                       |           |                | Registration No. (Attorney/Agent) | 20,355         |
| Signature                  | A.C. Smith                            |           |                | Date                              | 2/14/2000      |

**VERIFIED STATEMENT CLAIMING SMALL ENTITY STATUS**  
**(37 CFR 1.9(f) & 1.27(c))--SMALL BUSINESS CONCERN**

Docket Number (Optional):  
4464

Applicant or Patentee: Pawan Goyal

Application or Patent No.: not yet known

Filing Date or Issue Date: not yet known

Title: RESTRICTING COMMUNICATION OF SELECTED PROCESSES TO A SET OF SPECIFIC NETWORK ADDRESSES

I hereby declare that I am

☐ the owner of the small business concern identified below:

☒ an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF SMALL BUSINESS CONCERN Ensim Corporation

ADDRESS OF SMALL BUSINESS CONCERN 1215 Terra Bella Avenue, Mountain View, CA 94043

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 CFR 121.12, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees to the United States Patent and Trademark Office, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention described in:

☐ the specification filed herewith with title as listed above.

☒ the application identified above.

☐ the patent identified above.

If the rights held by the above identified small business concern are not exclusive, each individual, concern or organization having rights in the invention must file separate verified statements averring to their status as small entities, and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d), or a nonprofit organization under 37 CFR 1.9(e).

Each such person, concern or organization having any rights in the invention is listed below:

☒ No such person, concern, or organization exists.

☐ Each such person, concern or organization is listed below:

Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING Srinivasan Keshav

TITLE OF PERSON IF OTHER THAN OWNER Chief Technical Officer

ADDRESS OF PERSON SIGNING 1215 Terra Bella Avenue, Mountain View, CA 94043

SIGNATURE S/K

DATE 2/11/00

|  |  |                    |               |             |                   |                      |             |                |               |               |               |                        |      |
|--|--|--------------------|---------------|-------------|-------------------|----------------------|-------------|----------------|---------------|---------------|---------------|------------------------|------|
| 0002/PTO(modified)<br>Rev. 10/95<br><br><div style="text-align: center;"><b>FEE TRANSMITTAL</b></div> <div style="text-align: center;"><b>TOTAL AMOUNT OF PAYMENT</b></div> Subtotal (1) + Subtotal (2) + Subtotal (3) = <b>(\$ 1683.00)</b> | <div style="text-align: center;"><b>Complete if Known</b></div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Application Number</td><td>not yet known</td></tr> <tr><td>Filing Date</td><td>February 14, 2000</td></tr> <tr><td>First Named Inventor</td><td>Pawan Goyal</td></tr> <tr><td>Group Art Unit</td><td>not yet known</td></tr> <tr><td>Examiner Name</td><td>not yet known</td></tr> <tr><td>Attorney Docket Number</td><td>4464</td></tr> </table> | Application Number | not yet known | Filing Date | February 14, 2000 | First Named Inventor | Pawan Goyal | Group Art Unit | not yet known | Examiner Name | not yet known | Attorney Docket Number | 4464 |
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| Filing Date  | February 14, 2000  |                    |               |             |                   |                      |             |                |               |               |               |                        |      |
| First Named Inventor   | Pawan Goyal  |                    |               |             |                   |                      |             |                |               |               |               |                        |      |
| Group Art Unit   | not yet known  |                    |               |             |                   |                      |             |                |               |               |               |                        |      |
| Examiner Name  | not yet known  |                    |               |             |                   |                      |             |                |               |               |               |                        |      |
| Attorney Docket Number   | 4464   |                    |               |             |                   |                      |             |                |               |               |               |                        |      |

| METHOD OF PAYMENT   | FEE CALCULATION (continued)  |  |                              |                 |           |           |                |                                     |                      |           |               |  |                        |                                 |             |  |                      |           |                    |  |                      |           |           |   |   |                              |                              |  |                      |             |                        |   |                      |                                   |           |  |                          |           |           |   |                      |   |   |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |          |          |   |                      |           |           |  |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |                      |                      |  |  |                      |                      |  |  |                     |               |
|---|--|--|------------------------------|-----------------|-----------|-----------|----------------|-------------------------------------|----------------------|-----------|---------------|--|------------------------|---------------------------------|-------------|--|----------------------|-----------|--------------------|--|----------------------|-----------|-----------|---|---|------------------------------|------------------------------|--|----------------------|-------------|------------------------|---|----------------------|-----------------------------------|-----------|--|--------------------------|-----------|-----------|---|----------------------|---|---|--|----------------------|-------------|-----------|--------------------------------|----------------------|-----------|-----------|------------------|----------------------|-----------|-----------|-------------------------------|----------------------|----------|----------|---|----------------------|-----------|-----------|--|----------------------|----------|----------|--|----------------------|-----------|-----------|---|----------------------|-----------|-----------|--|----------------------|--|--|----------------------|----------------------|--|--|----------------------|----------------------|--|--|---------------------|---------------|
| <b>1. The Commissioner is hereby authorized to:</b><br><input type="checkbox"/> Charge the indicated fees to the below mentioned deposit account.<br><input checked="" type="checkbox"/> Charge any additional fee required under 37 CFR 1.16 - 1.21 or credit any over payments to the below mentioned deposit account. <sup>†</sup><br><input type="checkbox"/> Charge the Issue Fee set in 37 CFR 1.18 at the Mailing of the Notice of Allowance, 37 CFR 1.311(b) to the below mentioned deposit account.<br>Deposit Account Number: 19-2555<br>Deposit Account Name: FENWICK & WEST LLP<br>A Duplicate Copy of this authorization is attached<br><b>2. <input checked="" type="checkbox"/> Payment Enclosed:</b><br><input checked="" type="checkbox"/> Check <input type="checkbox"/> Other  | <b>3. ADDITIONAL FEES</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Large Entity<br/>Fee Code/Fee</th> <th style="text-align: left;">Small Entity<br/>Fee Code/Fee</th> <th style="text-align: left;">Fee Description</th> <th style="text-align: left;">Fee Due</th> </tr> </thead> <tbody> <tr><td>105/\$130</td><td>205/\$65</td><td>Surcharge - late filing fee or oath</td><td><input type="text"/></td></tr> <tr><td>127/\$50</td><td>227/\$25</td><td>Surcharge-late provisional filing fee or cover sheet</td><td><input type="text"/></td></tr> <tr><td>147/\$2,520</td><td>147/\$2,520</td><td>For filing a request for reexamination</td><td><input type="text"/></td></tr> <tr><td>115/\$110</td><td>215/\$55</td><td>Extension for response within first month<sup>†</sup></td><td><input type="text"/></td></tr> <tr><td>116/\$380</td><td>216/\$190</td><td>Extension for response within second month<sup>†</sup></td><td><input type="text"/></td></tr> <tr><td>117/\$870</td><td>217/\$435</td><td>Extension for response within third month<sup>†</sup></td><td><input type="text"/></td></tr> <tr><td>118/\$1,360</td><td>218/\$680</td><td>Extension for response within fourth month<sup>†</sup></td><td><input type="text"/></td></tr> <tr><td>128/\$1,850</td><td>228/\$925</td><td>Extension for response within fifth month<sup>†</sup></td><td><input type="text"/></td></tr> <tr><td>119/\$300</td><td>219/\$150</td><td>Notice of Appeal</td><td><input type="text"/></td></tr> <tr><td>141/\$1,210</td><td>241/\$605</td><td>Petition to revive unintentionally abandoned application</td><td><input type="text"/></td></tr> <tr><td>142/\$1,210</td><td>242/\$605</td><td>Utility Issue Fee (Or Reissue)</td><td><input type="text"/></td></tr> <tr><td>143/\$430</td><td>243/\$215</td><td>Design Issue Fee</td><td><input type="text"/></td></tr> <tr><td>122/\$130</td><td>122/\$130</td><td>Petitions to the Commissioner</td><td><input type="text"/></td></tr> <tr><td>123/\$50</td><td>123/\$50</td><td>Petitions related to provisional applications</td><td><input type="text"/></td></tr> <tr><td>126/\$240</td><td>126/\$240</td><td>Submission of Information Disclosure Statement</td><td><input type="text"/></td></tr> <tr><td>581/\$40</td><td>581/\$40</td><td>Recording each patent assignment per property (times number of properties)</td><td><input type="text"/></td></tr> <tr><td>146/\$690</td><td>246/\$345</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td><input type="text"/></td></tr> <tr><td>149/\$690</td><td>249/\$345</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td><input type="text"/></td></tr> <tr><td colspan="2"></td><td>Other fee (specify):</td><td><input type="text"/></td></tr> <tr><td colspan="2"></td><td>Other fee (specify):</td><td><input type="text"/></td></tr> <tr> <td colspan="2"></td> <td style="text-align: right;"><b>SUBTOTAL (3)</b></td> <td><b>(\$ 0)</b></td> </tr> </tbody> </table> | Large Entity<br>Fee Code/Fee   | Small Entity<br>Fee Code/Fee | Fee Description | Fee Due   | 105/\$130 | 205/\$65       | Surcharge - late filing fee or oath | <input type="text"/> | 127/\$50  | 227/\$25      | Surcharge-late provisional filing fee or cover sheet | <input type="text"/>   | 147/\$2,520                     | 147/\$2,520 | For filing a request for reexamination | <input type="text"/> | 115/\$110 | 215/\$55           | Extension for response within first month <sup>†</sup> | <input type="text"/> | 116/\$380 | 216/\$190 | Extension for response within second month <sup>†</sup> | <input type="text"/>  | 117/\$870                    | 217/\$435                    | Extension for response within third month <sup>†</sup> | <input type="text"/> | 118/\$1,360 | 218/\$680              | Extension for response within fourth month <sup>†</sup> | <input type="text"/> | 128/\$1,850                       | 228/\$925 | Extension for response within fifth month <sup>†</sup> | <input type="text"/>     | 119/\$300 | 219/\$150 | Notice of Appeal                                | <input type="text"/> | 141/\$1,210   | 241/\$605   | Petition to revive unintentionally abandoned application | <input type="text"/> | 142/\$1,210 | 242/\$605 | Utility Issue Fee (Or Reissue) | <input type="text"/> | 143/\$430 | 243/\$215 | Design Issue Fee | <input type="text"/> | 122/\$130 | 122/\$130 | Petitions to the Commissioner | <input type="text"/> | 123/\$50 | 123/\$50 | Petitions related to provisional applications | <input type="text"/> | 126/\$240 | 126/\$240 | Submission of Information Disclosure Statement | <input type="text"/> | 581/\$40 | 581/\$40 | Recording each patent assignment per property (times number of properties) | <input type="text"/> | 146/\$690 | 246/\$345 | Filing a submission after final rejection (37 CFR 1.129(a)) | <input type="text"/> | 149/\$690 | 249/\$345 | For each additional invention to be examined (37 CFR 1.129(b)) | <input type="text"/> |  |  | Other fee (specify): | <input type="text"/> |  |  | Other fee (specify): | <input type="text"/> |  |  | <b>SUBTOTAL (3)</b> | <b>(\$ 0)</b> |
| Large Entity<br>Fee Code/Fee  | Small Entity<br>Fee Code/Fee   | Fee Description  | Fee Due                      |                 |           |           |                |                                     |                      |           |               |  |                        |                                 |             |  |                      |           |                    |  |                      |           |           |   |   |                              |                              |  |                      |             |                        |   |                      |                                   |           |  |                          |           |           |   |                      |   |   |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |          |          |   |                      |           |           |  |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |                      |                      |  |  |                      |                      |  |  |                     |               |
| 105/\$130   | 205/\$65   | Surcharge - late filing fee or oath  | <input type="text"/>         |                 |           |           |                |                                     |                      |           |               |  |                        |                                 |             |  |                      |           |                    |  |                      |           |           |   |   |                              |                              |  |                      |             |                        |   |                      |                                   |           |  |                          |           |           |   |                      |   |   |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |          |          |   |                      |           |           |  |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |                      |                      |  |  |                      |                      |  |  |                     |               |
| 127/\$50  | 227/\$25   | Surcharge-late provisional filing fee or cover sheet                       | <input type="text"/>         |                 |           |           |                |                                     |                      |           |               |  |                        |                                 |             |  |                      |           |                    |  |                      |           |           |   |   |                              |                              |  |                      |             |                        |   |                      |                                   |           |  |                          |           |           |   |                      |   |   |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |          |          |   |                      |           |           |  |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |                      |                      |  |  |                      |                      |  |  |                     |               |
| 147/\$2,520   | 147/\$2,520  | For filing a request for reexamination                                     | <input type="text"/>         |                 |           |           |                |                                     |                      |           |               |  |                        |                                 |             |  |                      |           |                    |  |                      |           |           |   |   |                              |                              |  |                      |             |                        |   |                      |                                   |           |  |                          |           |           |   |                      |   |   |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |          |          |   |                      |           |           |  |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |                      |                      |  |  |                      |                      |  |  |                     |               |
| 115/\$110   | 215/\$55   | Extension for response within first month <sup>†</sup>                     | <input type="text"/>         |                 |           |           |                |                                     |                      |           |               |  |                        |                                 |             |  |                      |           |                    |  |                      |           |           |   |   |                              |                              |  |                      |             |                        |   |                      |                                   |           |  |                          |           |           |   |                      |   |   |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |          |          |   |                      |           |           |  |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |                      |                      |  |  |                      |                      |  |  |                     |               |
| 116/\$380   | 216/\$190  | Extension for response within second month <sup>†</sup>                    | <input type="text"/>         |                 |           |           |                |                                     |                      |           |               |  |                        |                                 |             |  |                      |           |                    |  |                      |           |           |   |   |                              |                              |  |                      |             |                        |   |                      |                                   |           |  |                          |           |           |   |                      |   |   |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |          |          |   |                      |           |           |  |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |                      |                      |  |  |                      |                      |  |  |                     |               |
| 117/\$870   | 217/\$435  | Extension for response within third month <sup>†</sup>                     | <input type="text"/>         |                 |           |           |                |                                     |                      |           |               |  |                        |                                 |             |  |                      |           |                    |  |                      |           |           |   |   |                              |                              |  |                      |             |                        |   |                      |                                   |           |  |                          |           |           |   |                      |   |   |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |          |          |   |                      |           |           |  |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |                      |                      |  |  |                      |                      |  |  |                     |               |
| 118/\$1,360   | 218/\$680  | Extension for response within fourth month <sup>†</sup>                    | <input type="text"/>         |                 |           |           |                |                                     |                      |           |               |  |                        |                                 |             |  |                      |           |                    |  |                      |           |           |   |   |                              |                              |  |                      |             |                        |   |                      |                                   |           |  |                          |           |           |   |                      |   |   |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |          |          |   |                      |           |           |  |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |                      |                      |  |  |                      |                      |  |  |                     |               |
| 128/\$1,850   | 228/\$925  | Extension for response within fifth month <sup>†</sup>                     | <input type="text"/>         |                 |           |           |                |                                     |                      |           |               |  |                        |                                 |             |  |                      |           |                    |  |                      |           |           |   |   |                              |                              |  |                      |             |                        |   |                      |                                   |           |  |                          |           |           |   |                      |   |   |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |          |          |   |                      |           |           |  |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |                      |                      |  |  |                      |                      |  |  |                     |               |
| 119/\$300   | 219/\$150  | Notice of Appeal   | <input type="text"/>         |                 |           |           |                |                                     |                      |           |               |  |                        |                                 |             |  |                      |           |                    |  |                      |           |           |   |   |                              |                              |  |                      |             |                        |   |                      |                                   |           |  |                          |           |           |   |                      |   |   |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |          |          |   |                      |           |           |  |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |                      |                      |  |  |                      |                      |  |  |                     |               |
| 141/\$1,210   | 241/\$605  | Petition to revive unintentionally abandoned application                   | <input type="text"/>         |                 |           |           |                |                                     |                      |           |               |  |                        |                                 |             |  |                      |           |                    |  |                      |           |           |   |   |                              |                              |  |                      |             |                        |   |                      |                                   |           |  |                          |           |           |   |                      |   |   |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |          |          |   |                      |           |           |  |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |                      |                      |  |  |                      |                      |  |  |                     |               |
| 142/\$1,210   | 242/\$605  | Utility Issue Fee (Or Reissue)   | <input type="text"/>         |                 |           |           |                |                                     |                      |           |               |  |                        |                                 |             |  |                      |           |                    |  |                      |           |           |   |   |                              |                              |  |                      |             |                        |   |                      |                                   |           |  |                          |           |           |   |                      |   |   |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |          |          |   |                      |           |           |  |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |                      |                      |  |  |                      |                      |  |  |                     |               |
| 143/\$430   | 243/\$215  | Design Issue Fee   | <input type="text"/>         |                 |           |           |                |                                     |                      |           |               |  |                        |                                 |             |  |                      |           |                    |  |                      |           |           |   |   |                              |                              |  |                      |             |                        |   |                      |                                   |           |  |                          |           |           |   |                      |   |   |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |          |          |   |                      |           |           |  |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |                      |                      |  |  |                      |                      |  |  |                     |               |
| 122/\$130   | 122/\$130  | Petitions to the Commissioner  | <input type="text"/>         |                 |           |           |                |                                     |                      |           |               |  |                        |                                 |             |  |                      |           |                    |  |                      |           |           |   |   |                              |                              |  |                      |             |                        |   |                      |                                   |           |  |                          |           |           |   |                      |   |   |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |          |          |   |                      |           |           |  |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |                      |                      |  |  |                      |                      |  |  |                     |               |
| 123/\$50  | 123/\$50   | Petitions related to provisional applications                              | <input type="text"/>         |                 |           |           |                |                                     |                      |           |               |  |                        |                                 |             |  |                      |           |                    |  |                      |           |           |   |   |                              |                              |  |                      |             |                        |   |                      |                                   |           |  |                          |           |           |   |                      |   |   |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |          |          |   |                      |           |           |  |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |                      |                      |  |  |                      |                      |  |  |                     |               |
| 126/\$240   | 126/\$240  | Submission of Information Disclosure Statement                             | <input type="text"/>         |                 |           |           |                |                                     |                      |           |               |  |                        |                                 |             |  |                      |           |                    |  |                      |           |           |   |   |                              |                              |  |                      |             |                        |   |                      |                                   |           |  |                          |           |           |   |                      |   |   |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |          |          |   |                      |           |           |  |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |                      |                      |  |  |                      |                      |  |  |                     |               |
| 581/\$40  | 581/\$40   | Recording each patent assignment per property (times number of properties) | <input type="text"/>         |                 |           |           |                |                                     |                      |           |               |  |                        |                                 |             |  |                      |           |                    |  |                      |           |           |   |   |                              |                              |  |                      |             |                        |   |                      |                                   |           |  |                          |           |           |   |                      |   |   |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |          |          |   |                      |           |           |  |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |                      |                      |  |  |                      |                      |  |  |                     |               |
| 146/\$690   | 246/\$345  | Filing a submission after final rejection (37 CFR 1.129(a))                | <input type="text"/>         |                 |           |           |                |                                     |                      |           |               |  |                        |                                 |             |  |                      |           |                    |  |                      |           |           |   |   |                              |                              |  |                      |             |                        |   |                      |                                   |           |  |                          |           |           |   |                      |   |   |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |          |          |   |                      |           |           |  |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |                      |                      |  |  |                      |                      |  |  |                     |               |
| 149/\$690   | 249/\$345  | For each additional invention to be examined (37 CFR 1.129(b))             | <input type="text"/>         |                 |           |           |                |                                     |                      |           |               |  |                        |                                 |             |  |                      |           |                    |  |                      |           |           |   |   |                              |                              |  |                      |             |                        |   |                      |                                   |           |  |                          |           |           |   |                      |   |   |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |          |          |   |                      |           |           |  |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |                      |                      |  |  |                      |                      |  |  |                     |               |
|   |  | Other fee (specify):   | <input type="text"/>         |                 |           |           |                |                                     |                      |           |               |  |                        |                                 |             |  |                      |           |                    |  |                      |           |           |   |   |                              |                              |  |                      |             |                        |   |                      |                                   |           |  |                          |           |           |   |                      |   |   |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |          |          |   |                      |           |           |  |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |                      |                      |  |  |                      |                      |  |  |                     |               |
|   |  | Other fee (specify):   | <input type="text"/>         |                 |           |           |                |                                     |                      |           |               |  |                        |                                 |             |  |                      |           |                    |  |                      |           |           |   |   |                              |                              |  |                      |             |                        |   |                      |                                   |           |  |                          |           |           |   |                      |   |   |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |          |          |   |                      |           |           |  |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |                      |                      |  |  |                      |                      |  |  |                     |               |
|   |  | <b>SUBTOTAL (3)</b>  | <b>(\$ 0)</b>                |                 |           |           |                |                                     |                      |           |               |  |                        |                                 |             |  |                      |           |                    |  |                      |           |           |   |   |                              |                              |  |                      |             |                        |   |                      |                                   |           |  |                          |           |           |   |                      |   |   |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |          |          |   |                      |           |           |  |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |                      |                      |  |  |                      |                      |  |  |                     |               |
| <b>1. FILING FEE</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Large Entity<br/>Fee Code/Fee</th> <th style="text-align: left;">Small Entity<br/>Fee Code/Fee</th> <th style="text-align: left;">Fee Description</th> <th style="text-align: left;">Fee Due</th> </tr> </thead> <tbody> <tr><td>101/\$690</td><td>201/\$345</td><td>Utility Filing</td><td><b>345</b></td></tr> <tr><td>106/\$310</td><td>206/\$155</td><td>Design Filing</td><td><input type="text"/></td></tr> <tr><td>108/\$690</td><td>208/\$345</td><td>Reissue</td><td><input type="text"/></td></tr> <tr><td>114/\$150</td><td>214/\$75</td><td>Provisional Filing</td><td><input type="text"/></td></tr> <tr> <td colspan="2" style="text-align: right;"><b>SUBTOTAL (1)</b></td> <td></td> <td><b>(\$ 345)</b></td> </tr> </tbody> </table>   | Large Entity<br>Fee Code/Fee   | Small Entity<br>Fee Code/Fee   | Fee Description              | Fee Due         | 101/\$690 | 201/\$345 | Utility Filing | <b>345</b>                          | 106/\$310            | 206/\$155 | Design Filing | <input type="text"/>                                 | 108/\$690              | 208/\$345                       | Reissue     | <input type="text"/>                   | 114/\$150            | 214/\$75  | Provisional Filing | <input type="text"/>                                   | <b>SUBTOTAL (1)</b>  |           |           | <b>(\$ 345)</b>   | <b>2. CLAIMS</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Large Entity<br/>Fee Code/Fee</th> <th style="text-align: left;">Small Entity<br/>Fee Code/Fee</th> <th style="text-align: left;">Fee Description</th> </tr> </thead> <tbody> <tr><td>103/\$18</td><td>203/\$9</td><td>Claims in excess of 20</td></tr> <tr><td>102/\$78</td><td>202/\$39</td><td>Independent claims in excess of 3</td></tr> <tr><td>104/\$260</td><td>204/\$130</td><td>Multiple dependent claim</td></tr> <tr><td>109/\$78</td><td>209/\$39</td><td>Reissue independent claims over original patent</td></tr> <tr><td>110/\$18</td><td>210/\$9</td><td>Reissue claims in excess of 20 and over original patent</td></tr> </tbody> </table> | Large Entity<br>Fee Code/Fee | Small Entity<br>Fee Code/Fee | Fee Description  | 103/\$18             | 203/\$9     | Claims in excess of 20 | 102/\$78  | 202/\$39             | Independent claims in excess of 3 | 104/\$260 | 204/\$130  | Multiple dependent claim | 109/\$78  | 209/\$39  | Reissue independent claims over original patent | 110/\$18             | 210/\$9   | Reissue claims in excess of 20 and over original patent |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |          |          |   |                      |           |           |  |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |                      |                      |  |  |                      |                      |  |  |                     |               |
| Large Entity<br>Fee Code/Fee  | Small Entity<br>Fee Code/Fee   | Fee Description  | Fee Due                      |                 |           |           |                |                                     |                      |           |               |  |                        |                                 |             |  |                      |           |                    |  |                      |           |           |   |   |                              |                              |  |                      |             |                        |   |                      |                                   |           |  |                          |           |           |   |                      |   |   |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |          |          |   |                      |           |           |  |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |                      |                      |  |  |                      |                      |  |  |                     |               |
| 101/\$690   | 201/\$345  | Utility Filing   | <b>345</b>                   |                 |           |           |                |                                     |                      |           |               |  |                        |                                 |             |  |                      |           |                    |  |                      |           |           |   |   |                              |                              |  |                      |             |                        |   |                      |                                   |           |  |                          |           |           |   |                      |   |   |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |          |          |   |                      |           |           |  |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |                      |                      |  |  |                      |                      |  |  |                     |               |
| 106/\$310   | 206/\$155  | Design Filing  | <input type="text"/>         |                 |           |           |                |                                     |                      |           |               |  |                        |                                 |             |  |                      |           |                    |  |                      |           |           |   |   |                              |                              |  |                      |             |                        |   |                      |                                   |           |  |                          |           |           |   |                      |   |   |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |          |          |   |                      |           |           |  |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |                      |                      |  |  |                      |                      |  |  |                     |               |
| 108/\$690   | 208/\$345  | Reissue  | <input type="text"/>         |                 |           |           |                |                                     |                      |           |               |  |                        |                                 |             |  |                      |           |                    |  |                      |           |           |   |   |                              |                              |  |                      |             |                        |   |                      |                                   |           |  |                          |           |           |   |                      |   |   |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |          |          |   |                      |           |           |  |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |                      |                      |  |  |                      |                      |  |  |                     |               |
| 114/\$150   | 214/\$75   | Provisional Filing   | <input type="text"/>         |                 |           |           |                |                                     |                      |           |               |  |                        |                                 |             |  |                      |           |                    |  |                      |           |           |   |   |                              |                              |  |                      |             |                        |   |                      |                                   |           |  |                          |           |           |   |                      |   |   |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |          |          |   |                      |           |           |  |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |                      |                      |  |  |                      |                      |  |  |                     |               |
| <b>SUBTOTAL (1)</b>   |  |  | <b>(\$ 345)</b>              |                 |           |           |                |                                     |                      |           |               |  |                        |                                 |             |  |                      |           |                    |  |                      |           |           |   |   |                              |                              |  |                      |             |                        |   |                      |                                   |           |  |                          |           |           |   |                      |   |   |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |          |          |   |                      |           |           |  |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |                      |                      |  |  |                      |                      |  |  |                     |               |
| Large Entity<br>Fee Code/Fee  | Small Entity<br>Fee Code/Fee   | Fee Description  |                              |                 |           |           |                |                                     |                      |           |               |  |                        |                                 |             |  |                      |           |                    |  |                      |           |           |   |   |                              |                              |  |                      |             |                        |   |                      |                                   |           |  |                          |           |           |   |                      |   |   |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |          |          |   |                      |           |           |  |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |                      |                      |  |  |                      |                      |  |  |                     |               |
| 103/\$18  | 203/\$9  | Claims in excess of 20   |                              |                 |           |           |                |                                     |                      |           |               |  |                        |                                 |             |  |                      |           |                    |  |                      |           |           |   |   |                              |                              |  |                      |             |                        |   |                      |                                   |           |  |                          |           |           |   |                      |   |   |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |          |          |   |                      |           |           |  |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |                      |                      |  |  |                      |                      |  |  |                     |               |
| 102/\$78  | 202/\$39   | Independent claims in excess of 3  |                              |                 |           |           |                |                                     |                      |           |               |  |                        |                                 |             |  |                      |           |                    |  |                      |           |           |   |   |                              |                              |  |                      |             |                        |   |                      |                                   |           |  |                          |           |           |   |                      |   |   |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |          |          |   |                      |           |           |  |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |                      |                      |  |  |                      |                      |  |  |                     |               |
| 104/\$260   | 204/\$130  | Multiple dependent claim   |                              |                 |           |           |                |                                     |                      |           |               |  |                        |                                 |             |  |                      |           |                    |  |                      |           |           |   |   |                              |                              |  |                      |             |                        |   |                      |                                   |           |  |                          |           |           |   |                      |   |   |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |          |          |   |                      |           |           |  |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |                      |                      |  |  |                      |                      |  |  |                     |               |
| 109/\$78  | 209/\$39   | Reissue independent claims over original patent                            |                              |                 |           |           |                |                                     |                      |           |               |  |                        |                                 |             |  |                      |           |                    |  |                      |           |           |   |   |                              |                              |  |                      |             |                        |   |                      |                                   |           |  |                          |           |           |   |                      |   |   |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |          |          |   |                      |           |           |  |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |                      |                      |  |  |                      |                      |  |  |                     |               |
| 110/\$18  | 210/\$9  | Reissue claims in excess of 20 and over original patent                    |                              |                 |           |           |                |                                     |                      |           |               |  |                        |                                 |             |  |                      |           |                    |  |                      |           |           |   |   |                              |                              |  |                      |             |                        |   |                      |                                   |           |  |                          |           |           |   |                      |   |   |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |          |          |   |                      |           |           |  |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |                      |                      |  |  |                      |                      |  |  |                     |               |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">(Col. 1)</th> <th colspan="2">(Col. 2)</th> <th colspan="2">(Col. 3)</th> <th colspan="2"></th> <th colspan="2"></th> </tr> <tr> <td>For</td> <td>No. of Existing Claims</td> <td>Highest No. Previously Paid For</td> <td></td> <td>Extra**</td> <td></td> <td>Fee</td> <td></td> <td>Fee Due</td> <td></td> </tr> <tr> <td>TOTAL</td> <td style="text-align: center;">95</td> <td style="text-align: center;">or 20</td> <td style="text-align: center;">=</td> <td style="text-align: center;">75</td> <td style="text-align: center;">x</td> <td style="text-align: center;">9</td> <td style="text-align: center;">=</td> <td style="text-align: center;">675</td> <td></td> </tr> <tr> <td>INDEP</td> <td style="text-align: center;">20</td> <td style="text-align: center;">or 3</td> <td style="text-align: center;">=</td> <td style="text-align: center;">17</td> <td style="text-align: center;">x</td> <td style="text-align: center;">39</td> <td style="text-align: center;">=</td> <td style="text-align: center;">663</td> <td></td> </tr> <tr> <td colspan="10"> <input type="checkbox"/> First presentation of multiple dependent claim         </td> </tr> </table> |  | (Col. 1)   |                              | (Col. 2)        |           | (Col. 3)  |                |                                     |                      |           |               | For  | No. of Existing Claims | Highest No. Previously Paid For |             | Extra**                                |                      | Fee       |                    | Fee Due  |                      | TOTAL     | 95        | or 20   | =   | 75                           | x                            | 9  | =                    | 675         |                        | INDEP   | 20                   | or 3                              | =         | 17   | x                        | 39        | =         | 663   |                      | <input type="checkbox"/> First presentation of multiple dependent claim |   |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |          |          |   |                      |           |           |  |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |                      |                      |  |  |                      |                      |  |  |                     |               |
| (Col. 1)  |  | (Col. 2)   |                              | (Col. 3)        |           |           |                |                                     |                      |           |               |  |                        |                                 |             |  |                      |           |                    |  |                      |           |           |   |   |                              |                              |  |                      |             |                        |   |                      |                                   |           |  |                          |           |           |   |                      |   |   |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |          |          |   |                      |           |           |  |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |                      |                      |  |  |                      |                      |  |  |                     |               |
| For   | No. of Existing Claims   | Highest No. Previously Paid For  |                              | Extra**         |           | Fee       |                | Fee Due                             |                      |           |               |  |                        |                                 |             |  |                      |           |                    |  |                      |           |           |   |   |                              |                              |  |                      |             |                        |   |                      |                                   |           |  |                          |           |           |   |                      |   |   |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |          |          |   |                      |           |           |  |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |                      |                      |  |  |                      |                      |  |  |                     |               |
| TOTAL   | 95   | or 20  | =                            | 75              | x         | 9         | =              | 675                                 |                      |           |               |  |                        |                                 |             |  |                      |           |                    |  |                      |           |           |   |   |                              |                              |  |                      |             |                        |   |                      |                                   |           |  |                          |           |           |   |                      |   |   |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |          |          |   |                      |           |           |  |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |                      |                      |  |  |                      |                      |  |  |                     |               |
| INDEP   | 20   | or 3   | =                            | 17              | x         | 39        | =              | 663                                 |                      |           |               |  |                        |                                 |             |  |                      |           |                    |  |                      |           |           |   |   |                              |                              |  |                      |             |                        |   |                      |                                   |           |  |                          |           |           |   |                      |   |   |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |          |          |   |                      |           |           |  |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |                      |                      |  |  |                      |                      |  |  |                     |               |
| <input type="checkbox"/> First presentation of multiple dependent claim   |  |  |                              |                 |           |           |                |                                     |                      |           |               |  |                        |                                 |             |  |                      |           |                    |  |                      |           |           |   |   |                              |                              |  |                      |             |                        |   |                      |                                   |           |  |                          |           |           |   |                      |   |   |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |          |          |   |                      |           |           |  |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |                      |                      |  |  |                      |                      |  |  |                     |               |
| * Subtract the greater number of Col. 2<br>** If the difference between Col. 1 and Col. 2 is less than zero, then enter "0" in Col. 3   |  | <b>SUBTOTAL (2)</b> <b>(\$ 1338)</b>                                       |                              |                 |           |           |                |                                     |                      |           |               |  |                        |                                 |             |  |                      |           |                    |  |                      |           |           |   |   |                              |                              |  |                      |             |                        |   |                      |                                   |           |  |                          |           |           |   |                      |   |   |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |          |          |   |                      |           |           |  |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |                      |                      |  |  |                      |                      |  |  |                     |               |

|                       |                 |                                 |           |
|-----------------------|-----------------|---------------------------------|-----------|
| <b>SUBMITTED BY</b>   |                 | <b>Complete (if applicable)</b> |           |
| Typed or Printed Name | Albert C. Smith | Reg. Number                     | 20,355    |
| Signature             |                 | Date                            | 2/14/2000 |

21816/04464/DOCS/1000637.1